

SERVICES OTHER THAN PERSONAL

Bu. Vou. No. \_\_\_\_\_

U. S. \_\_\_\_\_  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_

To Ramo-Wooldridge Corporation  
(Payee)

Los Angeles 45, California

(Address) (City) (State)

Page 1 of 3

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
PAYMENT:  Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>		Discount Terms	INVOICE NO. 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150				
		Use continuation sheet(s) if necessary					
Shipped from		to	Weight	Government B/L No.	Total	cont.	

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_

25X1A

PUBLIC VOUCHER FOR PURCHASES A  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_

Bu. Vou. No. \_\_\_\_\_

U. S. \_\_\_\_\_  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_

To Ramo-Wooldridge Corporation  
(Payee)

Los Angeles 45, California

(Address) (City) (State)

Page 2 of 3

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	UNIT PRICE		AMOUNT	
		Discount Terms	INVOICE NO.		Cost	Per	Dollars	Cts.
PAYMENT:  Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>			2151					
			2152					
			2153					
			2154					
			2155					
			2156					
			2157					
			2158					
			2159					
			2160					
Use continuation sheet(s) if necessary								
Shipped from		to	Weight	Government B/L No.		Total	cont.	

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_

(Payee must NOT use this space)

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020058-1  
PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. \_\_\_\_\_

Page 3 of 3

U. S. \_\_\_\_\_  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_

To Ramo-Wooldridge Corporation  
(Payee)

Los Angeles 45, California

(Address) (City) (State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	UNIT PRICE		AMOUNT	
		Discount Terms	INVOICE NO.		Cost	Per	Dollars	Cts.
			2161					
			2162					
			2163					
			2164					
			2170					
			2171					
			2172					
			2173					
			2174					
			2175					

PAYMENT:  
Complete ☐  
Partial ☐  
Final ☐

Use continuation sheet(s) if necessary

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total \_\_\_\_\_

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date \_\_\_\_\_ \*Payee \_\_\_\_\_  
(This certificate not required when a like certificate is made by payee on attached bill or bills)

(Payee must NOT use this space)

Differences \_\_\_\_\_

Amount verified; correct for \_\_\_\_\_

(Signature or initials) *EL*

Per \_\_\_\_\_ Title \_\_\_\_\_

Contract No. A-101 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_

Pursuant to authority vested in me, I certify that this account is correct and proper for payment

† Approved for \$ \_\_\_\_\_

By \_\_\_\_\_  
Title \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

Date \_\_\_\_\_

PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

25X1A

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ } on Treasurer of the United States in  
{ Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ } favor of payee named above.  
Payee \_\_\_\_\_  
(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name must be written in the space provided for the signature of the payee. Example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title \_\_\_\_\_